

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1		1			
4	1		1			
5		3		3		
6		4		3		
7		4		4		
8		4		4		
9		4		4		
10		4		4		
11		4		4		
12		4		4		
13		4		4		
14		4		4		
15		4		4		
16		4		4		
17		4		4		
18		4		4		
19		4		4		
20		4		4		
21		4				
22		4				
23		4				
24	1					
25	1					
26	1					
27		7		3		
28		7		3		
29		7		3		
30		7		3		
31		7		3		
32		7		3		
33		7		7		
34		7		7		
35		7		2		
36		7		2		
37		7		2		
38		7		7		
39		7		7		
40		7		7		
41		7		7		
42		7		7		
43		7		7		
44		7		7		
45	1					
46		4		4		
47		4		4		
48		4		4		
49		4		4		
50		4		4		
TOTAL IND.	11					
TOTAL DEP.		261				
TOTAL CLAIMS						

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		4		4		
53		4		4		
54		4		4		
55		4		4		
56		4		4		
57	1					
58		4		4		
59		4		4		
60		4		4		
61		4		4		
62		4		4		
63	1					
64						
65						
66						
67						
68						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				3		
TOTAL DEP.				190		
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS